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Commission on Narcotic Drugs
Sixty-first session
Vienna, 12–16 March 2018

Draft report

Rapporteur: Wietze Sijtsma (Netherlands)

Organization of the session and administrative matters

A. Opening and duration of the session

1. The Commission on Narcotic Drugs held its sixty-first session in Vienna from 12 to 16 March 2018. The Chair of the Commission opened the session.

2. At the 1st meeting, on 12 March 2018, the Commission viewed a video message from the Secretary-General of the United Nations. The Executive Director of the United Nations Office on Drugs and Crime (UNODC) made an opening statement. A statement was made by the President of the International Narcotics Control Board. The Commission also viewed a video message from the Director-General of the World Health Organization.

3. Opening statements were made by the representative of Ecuador (on behalf of the Group of 77 and China), the observer for Egypt (on behalf of the Group of African States), the observer for Bangladesh (on behalf of the Group of Asia-Pacific States), the observer for the Plurinational State of Bolivia (on behalf of the Group of Latin American and Caribbean States) and the observer for Bulgaria (on behalf of the States Members of the United Nations that are members of the European Union, as well as Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Liechtenstein, Montenegro, the Republic of Moldova, Serbia, the former Yugoslav Republic of Macedonia, San Marino and Ukraine).

4. The Commission held a total of [...] plenary meetings, including [...] meetings of the Committee of the Whole.

B. Attendance

5. The session was attended by representatives of [...] States members of the Commission ([...] were not represented). Also attending were observers for [...] other States Members of the United Nations, as well as non-member States, representatives of organizations of the United Nations system and observers for intergovernmental, non-governmental and other organizations. A list of participants is contained in document E/CN.7/2018/INF/2.

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C. Election of officers

6. In section I of its resolution 1999/30, the Economic and Social Council decided that, with effect from the year 2000, the Commission on Narcotic Drugs should, at the end of each session, elect its Bureau for the subsequent session and should encourage it to play an active role in the preparations for the regular as well as the intersessional meetings of the Commission, so as to enable the Commission to provide continuous and effective policy guidance to the drug programme of UNODC.

7. In accordance with that resolution and rule 15 of the rules of procedure of the functional commissions of the Council, the Commission, at the end of its reconvened sixtieth session, on 8 December 2017, opened its sixty-first session for the sole purpose of electing its Bureau for that session. At that meeting, the Commission elected the Chair, the First Vice-Chair, the Second Vice-Chair and the Rapporteur.

8. On 15 December 2017, the Group of Eastern European States nominated Alena Kupchyna of Belarus for the office of Third Vice-Chair. At its 1st meeting, on 12 March 2018, the Commission elected its Third Vice-Chair.

9. In view of the rotation of offices based on regional distribution, the officers of the Commission at its sixty-first session and their respective regional groups were as follows:

Office	*Regional group*	*Officer*
Chair	Latin American and Caribbean States	Alicia Buenrostro Massieu (Mexico)
First Vice-Chair	African States	Michael Adipo Okoth Oyugi (Kenya)
Second Vice-Chair	Asia-Pacific States	Ayesha Riaz (Pakistan)
Third Vice-Chair	Eastern European States	Alena Kupchyna (Belarus)
Rapporteur	Western European and other States	Wietze Sijtsma (Netherlands)

10. In accordance with Economic and Social Council resolution 1991/39 and established practice, a group composed of the Chairs of the five regional groups, the Chair of the Group of 77 and China and the representative of or observer for the State holding the Presidency of the European Union assists the Chair of the Commission in dealing with organizational matters. That group, together with the officers, constitutes the extended Bureau foreseen in Council resolution 1991/39.

11. During the sixty-first session of the Commission, the extended Bureau met on [...] March and [...] March 2018 to consider matters related to the organization of work.

D. Adoption of the agenda and other organizational matters

12. At its 1st meeting, on 12 March 2018, the Commission adopted by consensus its provisional agenda and organization of work (E/CN.7/2018/1), pursuant to Economic and Social Council decision 2017/242. The agenda was as follows:

1. Election of officers.
2. Adoption of the agenda and other organizational matters.
3. General debate.

Operational segment

4. Strategic management, budgetary and administrative questions:

   (a) Work of the standing open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime;

   (b) Directives on policy and budgetary issues for the drug programme of the United Nations Office on Drugs and Crime;

   (c) Working methods of the Commission;

   (d) Staff composition of the United Nations Office on Drugs and Crime and other related matters.

Normative segment

5. Implementation of the international drug control treaties:

   (a) Changes in the scope of control of substances;

   (b) Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations;

   (c) International Narcotics Control Board;

   (d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;

   (e) Other matters arising from the international drug control treaties.

6. Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem:

   (a) Demand reduction and related measures;

   (b) Supply reduction and related measures;

   (c) Countering money-laundering and promoting judicial cooperation to enhance international cooperation.

7. Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session.

8. Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem.

9. Recommendations of the subsidiary bodies of the Commission.

10. Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 68/1, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.

Preparations for the ministerial segment

11. Preparations for the ministerial segment to be held during the sixty-second session of the Commission, in 2019.

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12. Provisional agenda for the sixty-second session of the Commission.

13. Other business.

14. Adoption of the report of the Commission on its sixty-first session.

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Addendum

General debate

1. At its 1st to 6th meetings, on 12, 13 and 14 March 2018, the Commission on Narcotic Drugs considered agenda item 3, entitled "General debate".

2. At the 1st meeting of the sixty-first session of the Commission on Narcotic Drugs, on 12 March, the following persons made statements:

Prajin Juntong, Air Chief Marshal, Deputy Prime Minister and Minister of Justice of Thailand

Abdol Reza Rahmani Fazli, Minister of Interior of the Islamic Republic of Iran

Josephine Teo, Minister, Prime Minister's Office, Second Minister for Home Affairs and Second Minister for Manpower of Singapore

Jenista Joakim Mhagama, Minister of State, Prime Minister's Office of the United Republic of Tanzania

Mario Garcés Sanagustin, Secretary of State for Social Services and Equality, Ministry of Health, Social Services and Equality of Spain

João Goulao, Director General for Intervention on Addictive Behaviours and Dependencies (SICAD) and National Coordinator for Drug Problems, Drug Addiction, and the Harmful Use of Alcohol of Portugal

Oleg Syromolotov, Deputy Minister of Foreign Affairs of the Russian Federation

Faouzia Mebarki, Permanent Representative of Algeria to the United Nations (Vienna)

Desheng Xiong, Deputy Secretary General, National Narcotics Control Commission of China

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3. At the 2nd meeting of the session, on 12 March, the following persons made statements:

Roberto Esteban Moro, State Secretary, Secretariat for Comprehensive Drug Policies (SEDRONAR) of Argentina

Andrei Dapkiunas, Deputy Minister of Foreign Affairs of Belarus

Lisa Studdert, First Assistant Secretary, Population Health and Sport Division, Department of Health of Australia

Abdul Aziz Alromaihi, General Director, General Directorate for Crime Detection and Forensic Science of Bahrain

Jindrich Voboril, National Drug Coordinator, Head of Secretariat and Executive Vice-Chair of the Governmental Council for Drug and Policy Coordination of Czechia

Armin Ernesto Andereya Latorre, Permanent Representative of Chile to the United Nations (Vienna)

Nicholas Prisse, President, Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) of France

Michelle Boudreau, Director General, Controlled Substances Directorate, Health Canada

Torbjorn Brekke, Specialist Director, Ministry of Health and Care Services of Norway

Saeed Abdulla Alsuwaidi, Director General, Federal General Department of Anti-Narcotics, Ministry of Interior of United Arab Emirates

Iqbal Mehmood, Federal Secretary, Ministry of Narcotics Control of Pakistan

Pilar Saborío de Rocafort, Permanent Representative of Costa Rica to United Nations (Vienna)

Ibrahim Assaf, Permanent Representative of Lebanon to the United Nations (Vienna)

Paulina Franceschi Navarro, Permanent Representative of Panama to the United Nations (Vienna)

Ahmet Muhtar Gün, Permanent Representative of Turkey to the United Nations (Vienna)

Friedrich Däuble, Permanent Representative of Germany to the United Nations (Vienna)

Tebogo Seokolo, Permanent Representative of South Africa to the United Nations (Vienna)

Maria Assunta Accili Sabbatini, Permanent Representative of Italy to the United Nations (Vienna)

Sheikh Ali Jassim T.J. Al-Thani, Permanent Representative of Qatar to the United Nations (Vienna)

Andrej Benedejčič, Permanent Representative of Slovenia to the United Nations (Vienna)

Yongsoo Lee, Deputy Permanent Representative of the Republic of Korea to the United Nations (Vienna)

Willem Van de Voorde, Permanent Representative of Belgium to the United Nations (Vienna)

Katherine Merrifield, Head of Drugs and Alcohol Unit, Home Office, United Kingdom of Great Britain and Northern Ireland

Carlos Játiva, Permanent Representative of Ecuador to the United Nations (Vienna)

Rashid Alimov, Secretary General, Shanghai Cooperation Organization

4. At the 3rd meeting of the session, on 13 March, the following persons made statements:

Alberto Elias Beltrán, Deputy Attorney General for Legal and International Affairs, Office of the Attorney General of Mexico

Thomas Greminger, Secretary General, Organization for Security and Cooperation in Europe

Badr Mohammed Zaher Al-Hinai, Permanent Representative of Oman to the United Nations (Vienna) (also on behalf of the Group of Arab States)

Nora Kronig Romero, Deputy Director and Head of International Affairs Division, Federal Office of Public Health of Switzerland

Dulfa Dalila Hernandez Medina, Minister Counsellor, Permanent Mission of the Bolivarian Republic of Venezuela to the United Nations (Vienna)

Manuel Estuardo Roldán Barillas, Deputy Minister of Foreign Affairs of Guatemala

Lotfi Bourchaara, Permanent Representative of Morocco to the United Nations (Vienna)

Christakis Makriyiannis, Second Secretary, Permanent Mission of Cyprus to the United Nations (Vienna)

James A. Walsh, Deputy Assistant Secretary of State, Bureau of International Narcotics and Law Enforcement Affairs, Department of State of the United States

Thomas Hanney, Permanent Representative of Ireland to the United Nations (Vienna)

Ahmed Alzahraini, General Director, General Directorate of Narcotics Control of Saudi Arabia (on behalf of His Royal Highness Minister of Interior)

Abdallah Mustapha Muhammad, Chairman and Chief Executive, Drug Law Enforcement Agency of Nigeria

Mitsuru Kitano, Permanent Representative of Japan to the United Nations (Vienna)

Sadiq Marafi, Permanent Representative of Kuwait to the United Nations (Vienna)

Jabir Hemaidawi, Permanent Representative of Iraq to the United Nations (Vienna)

Zakaria Elghamry, Assistant Minister of Interior and Director of the Anti-Narcotics General Administration of Egypt

Arpad Meszaros, Deputy State Secretary, Ministry of Human Capacities of Hungary

Diego Olivera Couto, Secretary General, National Drugs Board of Uruguay

Catalino S. Cuy, Minister and Secretary, Dangerous Drugs Board of the Philippines

Lishann Salmon, First Secretary, Permanent Mission of Jamaica to the United Nations (Vienna)

Sherkhon Salimzoda, Director, Drug Control Agency under the President of Tajikistan

Hannu Kyröläinen, Permanent Representative of Finland to the United Nations (Vienna)

5. At the 4th meeting of the session, on 13 March, the following persons made statements:

Ganeson Sivagurunathan, Permanent Representative of Malaysia to the United Nations (Vienna)

Karla Yalile Martinez Beltrán, Secretary General, National Commission for Development and Life without Drugs (DEVIDA) of Peru

Navchaa Tseveen, First Secretary, Permanent Mission of Mongolia to the United Nations (Vienna)

Zhanat Suleimenov, First Deputy Minister of Internal Affairs of Kazakhstan

Mihail Beregoi, Secretary of State, Ministry of Interior of the Republic of Moldova

Nicole Roberton, Permanent Representative of New Zealand to the United Nations (Vienna)

Keith Azzopardi, Permanent Representative of Malta to the United Nations (Vienna)

Victor Sannes, National Drug Coordinator, Ministry of Health, Welfare and Sport of the Netherlands

Aung Soe, Deputy Minister, Ministry of Home Affairs of Myanmar

Antonio Israel Ybarra Suárez, Secretary, National Anti-Drug Commission of Cuba

Ricardo Neiva Tavares, Permanent Representative of Brazil to the United Nations (Vienna)

Andrés Alexander Ramírez Medrano, Executive Director, National Anti-Drug Commission of El Salvador

Heru Winarko, Head, National Narcotics Board of Indonesia

Jawid Ahmad Qaem, Deputy Minister, Ministry of Counter-Narcotics of Afghanistan

Cătălin Negoi, Head of International Relations and Programmes Department, National Anti-Drug Agency of Romania

Mohamed Hussein Hassan Zaroug, Permanent Representative of the Sudan to the United Nations (Vienna)

Abubaker M. M. Atia, Head, General Directorate of Drugs, Libya

Girish Chandra Murmu, Additional Secretary, Ministry of Finance of India

Hussam Abdullah Hasan Ghodayeh Al Husseini, Permanent Representative of Jordan to the United Nations (Vienna)

Xuan Vien Vu, Chief Officer, Ministry of Public Security of Viet Nam

Wadie Ben Cheikh, Counsellor, Permanent Mission of Tunisia to the United Nations (Vienna)

Piotr Jabłoński, Director, National Bureau for Drug Prevention of Poland

Rafael Bustillo Romero, Coordinating Magistrate, Criminal Division, Supreme Court of Justice of Honduras

Samantha Kumara Kithalawaarachchi, Director, Secretariat of the President of Sri Lanka

Prakash Kumar Suvedi, Permanent Representative of Nepal to the United Nations (Vienna)

Arthur Osiya, Secretary, Administration, Ministry of Interior and Coordination of National Government of Kenya

Choolun Bhojoo, Deputy Commissioner of Police of Mauritius

6. At the 5th meeting of the session, on 13 March, the following persons made statements:

Alita Mbahwe, Commissioner, Drug Enforcement Commission of Zambia

Lourdes Gisela Victoria-Kruse, Permanent Representative of the Dominican Republic to the United Nations (Vienna)

Janusz D. Urbańczyk, Permanent Representative, Permanent Observer Mission of the Holy See to the United Nations (Vienna)

Zaved Mahmood, Human Rights Officer, Rule of Law and Democracy Section, Office of the United Nations High Commissioner for Human Rights

Günther A. Granser, Permanent Representative of the Sovereign Order of Malta to the United Nations (Vienna)

Adam-E. Namm, Executive Secretary, Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States

Jan Malinowski, Executive Secretary, Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) of the Council of Europe

Alexey Rogov, Deputy Director, Department on New Challenges and Threats, Ministry of Foreign Affairs of the Russian Federation (on behalf of the States members of the Central Asian Regional Information and Coordination Centre)

Raheel Ahmad Cheema, Officer-in-Charge of the Drugs and Organized Crime Coordination Unit of the Economic Cooperation Organization

Tarek Kazem, Counsellor and Deputy Head of the Mission of the League of Arab States (on behalf of the States members of the League of Arab States)

7. At the 6th meeting of the session, on 14 March, the following person made a statement:

Oscar Adolfo Naranjo Trujillo, Vice-President of Colombia

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Rapporteur: Wietze Sijtsma (Netherlands)

Addendum

Strategic management, budgetary and administrative questions

1. At its 5th and 6th meetings, on 13 and 14 March 2018, the Commission considered agenda item 4, which read as follows:

"Strategic management, budgetary and administrative questions:

(a) Work of the standing open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime;

(b) Directives on policy and budgetary issues for the drug programme of the United Nations Office on Drugs and Crime;

(c) Working methods of the Commission;

(d) Staff composition of the United Nations Office on Drugs and Crime and other related matters."

2. For its consideration of item 4, the Commission had before it the following:

(a) Report of the Executive Director on the activities of the United Nations Office on Drugs and Crime (UNODC) (E/CN.7/2018/2-E/CN.15/2018/2);

(b) Note by the Secretariat on the work of the standing open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime (E/CN.7/2018/3-E/CN.15/2018/3);

(c) Note by the Executive Director on the adjustments to the consolidated budget for the biennium 2018–2019 for the United Nations Office on Drugs and Crime (E/CN.7/2018/12-E/CN.15/2018/14).

3. An introductory statement was made by the Director of the Division for Management.

4. Statements were made by the representatives of Iraq, China, Switzerland, Japan, the United States of America, Brazil, the Republic of Korea and Thailand. The

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observer for the United Kingdom of Great Britain and Northern Ireland also made a statement.

A. Deliberations

5. Several speakers expressed appreciation for the work of the open-ended intergovernmental working group on improving the governance and financial situation of UNODC. They noted that the working group served as an essential mechanism to enhance the transparency and accountability of the Office and to enable a constructive dialogue between Member States and UNODC.

6. A speaker expressed satisfaction with the operational support provided by UNODC and the Commission in the follow-up to the special session of the General Assembly on the world drug problem held in 2016, and, in particular, with the approach followed, which took into account each of the seven thematic chapters contained in the outcome document of the special session and involved all the relevant stakeholders. The speaker also noted the importance of the thematic discussions held in Vienna between January and November 2017, the good practices portal on the website dedicated to the follow-up to the special session and the two regional workshops on the implementation of the outcome document, held in La Paz and Port of Spain.

7. A number of speakers made reference to the importance of technical cooperation and, in particular, the technical assistance provided by UNODC to requesting countries, on the basis of their priorities, in addressing the world drug problem. Reference was also made to the Office's central role in global efforts to address the world drug problem, in view of its unique expertise and capabilities.

8. Several speakers expressed concern regarding the difficult financial situation faced by UNODC in view of the considerable decrease in general purpose funds and the concurrent increase in special purpose funds. Support was expressed for the Office's efforts to address the situation. One speaker noted that UNODC should not become a donor-driven organization, as that would have a negative impact on the establishment of priorities and the ownership of its core mandates, which should be financed from the regular budget.

9. Several speakers expressed support for the adjustments made by UNODC to the consolidated budget for the biennium 2018–2019 and, in that regard, welcomed the proposal to allocate programme support costs in a more flexible manner. UNODC was encouraged to continue its efforts to increase transparency in its dialogue with Member States during the budget formulation and decision-making process.

10. Several speakers mentioned the need for a broader, more flexible and more transparent use of programme support cost funds at headquarters and field offices, as appropriate, and noted that such an approach would help to maintain the delivery of UNODC activities, including in the field. Reference was also made to the need for closer coordination between headquarters and field offices, with the aim of avoiding duplication of projects and promoting efficient and effective management.

11. UNODC was encouraged to continue to evaluate and report on challenges with regard to the viability of field offices, project delivery and administrative practices, in particular full cost recovery implementation. One speaker noted that full cost recovery could bring stability to the financial situation of UNODC, while another speaker referred to the increase in administrative costs charged to projects, which could undermine the Office's competitiveness vis-à-vis other organizations.

12. Several speakers expressed support for the United Nations Office at Vienna/UNODC Strategy for Gender Equality and the Empowerment of Women (2018–2021), and stressed that the Office should make progress towards mainstreaming gender into its programmes. One speaker congratulated UNODC on the establishment of the new Global Programme on Gender Equality and the

Empowerment of Women in the United Nations Office at Vienna/UNODC, and expressed interest in seeing more work done in the areas addressed by the Programme.

13. Several speakers welcomed the efforts being made by UNODC to achieve gender parity, with one speaker noting in particular the need to increase the number of women at the senior level. Furthermore, one speaker noted the importance for the Office of achieving 50/50 gender parity, while bearing in mind Article 101 of the Charter of the United Nations.

14. Several speakers highlighted the importance of ensuring equitable geographic distribution among UNODC staff members and urged the Office to enhance its efforts in that regard. One speaker expressed concern regarding the human resources management of UNODC, while welcoming the increased openness of the Secretariat to discussing the issue. The speaker expressed hope that the Secretariat would continue to seek ways to improve the Office's recruitment policies and to actively reach out to qualified candidates from developing countries. It was noted that gender parity and equitable geographic distribution should be fundamental objectives of the recruitment policies of the Office.

15. One speaker expressed support for the reforms undertaken by the Secretary-General. The speaker referred to the vital role that UNODC could play in the success of those reforms and to the need to take difficult decisions, when necessary.

16. One speaker expressed support for the proposal by the Secretary-General to reinforce and further enhance exchanges between United Nations entities, in particular in monitoring progress towards achieving Goal 16 of the Sustainable Development Goals. The speaker also referred to the need to enhance exchanges and coherence between the United Nations Office at Vienna and the United Nations Office at Geneva and invited UNODC to consider reinforcing and developing such collaboration in the context of its strategic and financial planning.

17. In addition, one speaker encouraged UNODC to provide additional information on its planned publications, the status of its publications, and information sources used in their preparation, and called on UNODC to enhance its engagement with Member States in that regard.

B. Action taken by the Commission

18. At its 6th meeting, on 14 March 2018, the Commission adopted a resolution entitled "Budget for the biennium 2018–2019 for the Fund of the United Nations International Drug Control Programme" (for the text of the resolution, see Chap. I, sect. C, resolution [...]).

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Rapporteur: Wietze Sijtsma (Netherlands)

Addendum

Implementation of the international drug control treaties

1. At its 6th and 7th meetings, on 13 and 14 March 2018, the Commission considered agenda item 5, which read as follows:

"Implementation of the international drug control treaties:

(a) Changes in the scope of control of substances;

(b) Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations;

(c) International Narcotics Control Board;

(d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;

(e) Other matters arising from the international drug control treaties."

2. For its consideration of item 5, the Commission had before it the following:

(a) Note by the Secretariat on the scope of control of substances: proposed scheduling recommendations by the World Health Organization (E/CN.7/2018/10 and E/CN.7/2018/10/Add.1);

(b) *Report of the International Narcotics Control Board for 2017* (E/INCB/2017/1);

(c) *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2017 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (E/INCB/2017/4);

(d) *Competent National Authorities under the International Drug Control Treaties* (S1/NAR.3/2017/1);

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(e) Extract from the report of the thirty-ninth meeting of the Expert Committee on Drug Dependence convened from 6 to 10 November 2017 at the headquarters of the World Health Organization in Geneva (E/CN.7/2018/CRP.3).

3. Introductory statements were made by the Chief of the Drug Prevention and Health Branch, the Chief of the Laboratory and Scientific Section and a representative of the Prevention, Treatment and Rehabilitation Section of the Drug Prevention and Health Branch of the United Nations Office on Drugs and Crime (UNODC). Introductory statements were also made by the President of the International Narcotics Control Board (INCB). The observer for the World Health Organization (WHO) made introductory statements as well.

4. A statement was made by the observer for Bulgaria on behalf of the European Union and its member States and Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, Norway, the Republic of Moldova, San Marino, Serbia, the former Yugoslav Republic of Macedonia and Ukraine.

5. Statements were made by the representatives of the Republic of Korea, China, Switzerland, Thailand, Japan, the United States of America, Norway, Pakistan, Mexico, Turkey, Algeria, the Russian Federation, Belgium, Australia, Iraq and Brazil.

6. Statements were made by the observers for the United Kingdom of Great Britain and Northern Ireland, Denmark, Nigeria, the Bolivarian Republic of Venezuela, Indonesia, Paraguay and Serbia.

7. A statement was made by the observer for the Office of the United Nations High Commissioner for Human Rights. A statement was also made by the observer for the International Association for Hospice and Palliative Care.

A. Deliberations

1. Changes in the scope of control of substances

(a) Consideration of a proposal from the World Health Organization to place carfentanil in Schedules I and IV of the 1961 Convention as amended by the 1972 Protocol

8. The observer for WHO informed the Commission that carfentanil (methyl 1-(2-phenylethyl)-4-[phenyl(propanoyl)amino]piperidine-4-carboxylate) was an opioid that was structurally related to fentanyl and noted that its pharmacodynamic and clinical effects were similar to fentanyl's, while being 100 times more potent. Carfentanil produced respiratory depression and loss of consciousness and had been associated with hundreds of documented deaths and non-fatal intoxications globally. The observer noted that carfentanil was liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl, which were included in Schedule I of the 1961 Convention as amended by the 1972 Protocol. Carfentanil was also convertible into sufentanil and alfentanil, two very potent opioid analgesics controlled under Schedule I of the 1961 Convention, and had no approved therapeutic use in humans. The Expert Committee on Drug Dependence considered and recognized the impact that the international scheduling of carfentanil could have on veterinary access to the drug in relation to its therapeutic use in large animals, while also noting that its therapeutic advantages did not offset the severe threat it posed to human health. The Expert Committee therefore recommended that carfentanil be placed in Schedule I of the 1961 Convention as amended. The Expert Committee was particularly concerned about the extreme potency of the substance and the especially serious risk to public health that it posed and therefore recommended that carfentanil also be placed in Schedule IV of the 1961 Convention as amended.

(b) Consideration of a proposal from the World Health Organization to place ocfentanil in Schedule I of the 1961 Convention as amended by the 1972 Protocol

9. The observer for WHO informed the Commission that ocfentanil (*N*-(2-fluorophenyl)-2-methoxy-*N*-[1-(2-phenylethyl)piperidin-4-yl]acetamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. The observer noted that ocfentanil-related deaths had been reported and that the drug had been placed under national control in several countries in different regions of the world. The observer also noted that there was sufficient evidence showing that the abuse of ocfentanil constituted a public health and social problem and that its placement under international control was therefore warranted. It had no recorded therapeutic use and was a compound liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that ocfentanil be placed in Schedule I of the 1961 Convention as amended.

(c) Consideration of a proposal from the World Health Organization to place furanylfentanyl in Schedule I of the 1961 Convention as amended by the 1972 Protocol

10. The observer for WHO informed the Commission that furanylfentanyl (*N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. The observer noted that, between 2015 and 2017, hundreds of deaths and cases of serious intoxication associated with furanylfentanyl use had been reported by countries in Europe and North America. The observer also noted that there was sufficient evidence indicating that furanylfentanyl was being abused or was likely to be abused, thus constituting a public health and social problem that warranted its placement under international control. It had no recorded therapeutic use and was liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that furanylfentanyl be placed in Schedule I of the 1961 Convention as amended.

(d) Consideration of a proposal from the World Health Organization to place acryloylfentanyl (acrylfentanyl) in Schedule I of the 1961 Convention as amended by the 1972 Protocol

11. The observer for WHO informed the Commission that acryloylfentanyl (*N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]prop-2-enamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. The observer noted that there had been over 100 reported deaths associated with acryloylfentanyl use in Europe and North America. Acryloylfentanyl was under national control in a number of countries in different regions of the world and there was sufficient evidence indicating that it was being abused or was likely to be abused, thus constituting a public health and social problem that warranted its placement under international control. Acryloylfentanyl had no recorded therapeutic use and was liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that acryloylfentanyl be placed in Schedule I of the 1961 Convention as amended.

(e) Consideration of a proposal from the World Health Organization to place 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) in Schedule I of the 1961 Convention as amended by the 1972 Protocol

12. The observer for WHO informed the Commission that 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) (*N*-(4-fluorophenyl)-2-methyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]propanamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. Two countries had reported deaths associated with the use of the substance, with one country having reported 62 overdose deaths in 2016 alone. The observer noted that there was sufficient evidence indicating that it was being abused or was likely to be abused, thus constituting a public health and social problem that warranted its placement under international control. The observer also noted that 4-fluoroisobutyrfentanyl had no recorded therapeutic use in humans and that it was a compound liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that 4-fluoroisobutyrfentanyl be placed in Schedule I of the 1961 Convention as amended.

(f) Consideration of a proposal from the World Health Organization to place tetrahydrofuranylfentanyl (THF-F) in Schedule I of the 1961 Convention as amended by the 1972 Protocol

13. The observer for WHO informed the Commission that tetrahydrofuranylfentanyl (THF-F) (*N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]oxolane-2-carboxamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. A total of 16 deaths due to exposure to tetrahydrofuranylfentanyl were reported in 2016 and 2017. The observer noted that a number of countries in different regions had placed tetrahydrofuranylfentanyl under national control. The observer also noted that there was sufficient evidence indicating that it was being abused or was likely to be abused, thus constituting a public health and social problem that warranted its placement under international control. Tetrahydrofuranylfentanyl had no recorded therapeutic use and was liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that tetrahydrofuranylfentanyl be placed in Schedule I of the 1961 Convention as amended.

(g) Consideration of a proposal from the World Health Organization to place AB-CHMINACA in Schedule II of the Convention on Psychotropic Substances of 1971

14. The observer for WHO informed the Commission that AB-CHMINACA (*N*-[(2*S*)-1-amino-3-methyl-1-oxobutan-2-yl]-1-(cyclohexylmethyl)-1*H*-indazole-3-carboxamide) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included hallucinations, paranoia, confusion, fear and anxiety. AB-CHMINACA was more potent than tetrahydrocannabinol (THC), which was listed in Schedule II of the 1971 Convention. The observer noted that, between 2014 and 2017, a total of 31 deaths due to exposure to AB-CHMINACA had been confirmed and reported, as were cases of acute intoxication, and that the substance had also been associated with impaired driving. AB-CHMINACA had been placed under national control in a number of countries in several regions. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of AB-CHMINACA was substantial, that it had no recorded therapeutic use in humans and that it was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists already included in Schedule II of the 1971 Convention.

The Expert Committee therefore recommended that AB-CHMINACA be placed in Schedule II of the 1971 Convention.

(h) Consideration of a proposal from the World Health Organization to place 5F-ADB (5F-MDMB-PINACA) in Schedule II of the Convention on Psychotropic Substances of 1971

15. The observer for WHO informed the Commission that 5F-ADB (also known as 5F-MDMB-PINACA) (methyl (2*S*)-2-{[1-(5-fluoropentyl)-1*H*-indazole-3-carbonyl]amino}-3,3-dimethylbutanoate) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included agitation, confusion and anxiety. 5F-ADB was more potent than THC, a substance that was listed in Schedule II of the 1971 Convention. The observer noted that, in 2016, 28 deaths and 35 cases of acute intoxication due to exposure to 5F-ADB, as well as cases of impaired driving involving 5F-ADB, had been confirmed and reported. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of 5F-ADB was substantial, that it had no recorded therapeutic use and that it was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists already included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that 5F-ADB be placed in Schedule II of the 1971 Convention.

(i) Consideration of a proposal from the World Health Organization to place AB-PINACA in Schedule II of the Convention on Psychotropic Substances of 1971

16. The observer for WHO informed the Commission that AB-PINACA (*N*-[(2*S*)-1-amino-3-methyl-1-oxobutan-2-yl]-1-pentyl-1*H*-indazole-3-carboxamide) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included loss of consciousness, convulsions and death. AB-PINACA was more potent than THC, which was listed in Schedule II of the 1971 Convention and had been implicated in cases of impaired driving. The Committee considered that the degree of risk to public health and society associated with the abuse of AB-PINACA was substantial. The Expert Committee recognized that AB-PINACA had no recorded therapeutic use and that it was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that AB-PINACA be placed in Schedule II of the 1971 Convention.

(j) Consideration of a proposal from the World Health Organization to place UR-144 in Schedule II of the Convention on Psychotropic Substances of 1971

17. The observer for WHO informed the Commission that UR-144 (1-pentyl-1*H*-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl) methanone) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included tachycardia, seizures and agitation. UR-144 was more potent than THC, which was listed in Schedule II of the 1971 Convention, and had been associated with cases of impaired driving. The observer noted that numerous countries had brought UR-144 under national control. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of UR-144 was substantial and recognized that it had no recorded therapeutic use and was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that UR-144 be placed in Schedule II of the 1971 Convention.

(k) Consideration of a proposal from the World Health Organization to place 5F-PB-22 in Schedule II of the Convention on Psychotropic Substances of 1971

18. The observer for WHO informed the Commission that 5F-PB-22 (quinolin-8-yl 1-(5-fluoropentyl)-1*H*-indole-3-carboxylate) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included seizures, cardiac toxicity, agitation and loss of consciousness. 5F-PB-22 was more potent than THC, which was included in Schedule II of the 1971 Convention. The observer noted that, since 2013, cases of fatal and non-fatal intoxication associated with the use of 5F-PB-22 had been reported by countries in Europe and North America and that there had also been cases of driving under the influence of 5F-PB-22. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of 5F-PB-22 was substantial and that the substance had no recorded therapeutic use, and recognized that 5F-PB-22 was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that 5F-PB-22 be placed in Schedule II of the 1971 Convention.

(l) Consideration of a proposal from the World Health Organization to place 4-fluoroamphetamine (4-FA) in Schedule II of the Convention on Psychotropic Substances of 1971

19. The observer for WHO informed the Commission that 4-FA (also known as 4-fluoroamphetamine) (1-(4-fluorophenyl)propan-2-amine) was a derivative of amphetamine, which was included in Schedule II of the 1971 Convention. The observer noted that both fatal and non-fatal intoxications involving the substance had been recorded and that the clinical features associated with 4-FA intoxication were similar to those of amphetamine and methamphetamine and included agitation, tachycardia, hypertension, cardiovascular toxicity and cerebrovascular complications. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of 4-FA was substantial, noted that 4-FA had no recorded therapeutic use and recognized that 4-FA was liable to abuse and ill effects similar to the abuse and ill effects associated with substances included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that 4-FA be placed in Schedule II of the 1971 Convention.

20. A number of speakers took the floor following the adoption by the Commission of its decisions on scheduling.

21. The speakers referred to their countries' efforts to place narcotic drugs and psychotropic substances under national control. One speaker referred to the initial review carried out by WHO of the scientific evidence available on cannabidiol and to the conclusion of WHO that the current information did not warrant its scheduling. The speaker noted that, although all cannabis products were prohibited in her country, her Government was considering changes to its regulatory framework to reduce the legal barriers to the medical use of cannabidiol and would take into consideration the recommendations of the WHO Expert Committee and UNODC when reviewing its related law and regulations.

22. One speaker referred to his Government's agreement with the scheduling recommendations made by WHO concerning the 12 substances. Most of those substances had already been placed under national control in his country, whereas placement of the remaining substances was subject to the implementation of domestic legal procedures. The speaker called on major consumer countries to increase their efforts in the areas of anti-drug education and drug abuse prevention in order to reduce the demand for and the abuse and consumption of opioids and new psychoactive substances, and recommended that relevant countries enhance the sharing of testing equipment and identification technologies and the exchange of information on the latest trends related to opioids and new psychoactive substances, and share samples of newly discovered substances.

23. One speaker stressed the essential role of WHO in advancing international efforts to address the emergence of new dangerous substances and expressed his Government's appreciation to the members of the Commission for voting to place carfentanil under international control. The speaker also referred to the serious threat posed by the availability of synthetic opioids on the Internet.

24. One speaker expressed her Government's position regarding safe drug consumption rooms, which, in her Government's view, were part of a holistic approach to reducing drug demand. In that regard, the speaker referred to the views expressed by INCB in its annual report for 2016 and encouraged the Board to be more transparent in its engagement with Member States. The speaker also welcomed the placement under international control of six fentanyl analogues.

25. Another speaker expressed his Government's support for the scheduling decisions taken by the Commission at its sixty-first session. He stressed that the threat of harms to health posed by new psychoactive substances was a key challenge confronting the international community and that meeting that challenge required a balanced and evidence-based approach, which included the improved collection and exchange of data. The speaker expressed appreciation to UNODC, INCB and WHO for their enhanced inter-agency cooperation and engagement. The speaker also referred to the coordination efforts of the international action group on new psychoactive substances.

2. Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations

26. Several speakers expressed their support for and commended the effective and close collaboration between UNODC and WHO in surveilling and collecting data on new psychoactive substances for the purpose of informing the Commission's decisions on placement of substances under international control. Another speaker expressed the view that the international community should enhance its cooperation in preventing the abuse and illicit manufacture of fentanyl analogues and synthetic cannabinoids, which were extremely dangerous substances and which had been placed under international control at the sixty-first session of the Commission.

27. Speakers highlighted the importance of enhancing the exchange of information among Member States and international organizations on a range of topics related to new psychoactive substances, including newly identified substances, national measures, scientific expertise and research data, including on the toxicity of new psychoactive substances and other relevant information for health alerts. One speaker noted the increasing use of the Internet and national and international courier mail services for the purchase and delivery of new psychoactive substances. The same speaker stressed the importance of future collaboration among Member States to address those issues.

28. One speaker noted that the abuse of ketamine posed a threat to public health and social stability and that its abuse and illicit manufacture had become a problem in some regions, in particular Asia. The speaker also noted that his Government continued to focus on the international scheduling of ketamine in view of Commission resolution 57/9 and stood ready to cooperate and communicate with the relevant international organizations and concerned countries in joint efforts to collect information on ketamine abuse. Furthermore, the speaker requested that the Commission enhance its coordination with WHO in intensifying the collection of relevant data, expressed support for the positive contributions made by WHO in that regard within its mandate and expressed hope that WHO would share the results of the questionnaire on ketamine with Member States at the appropriate time.

3. International Narcotics Control Board

29. Several speakers expressed their appreciation for the work of INCB and highlighted its key role in monitoring treaty compliance and in assisting Member

States in implementing balanced drug policies to address the ever evolving challenges that Governments face. Several speakers expressed appreciation to INCB for the release of its annual report for 2017 and for including in that report a thematic chapter on treatment, rehabilitation and social reintegration for drug use disorders. In addition, those speakers welcomed the fact that the Board had also emphasized that successful and sustainable drug control action needed to be consistent with international human rights standards. A number of speakers also encouraged civil society and all other relevant stakeholders to participate in the formulation, development and implementation of drug policies at all levels. A number of speakers encouraged States that retained the death penalty to consider abolishing it for drug-related offences and reminded States that extrajudicial killings were contrary to the international drug control treaties.

30. One speaker, while expressing his Government's support for the work of the Board, expressed hope that it would focus on its functions and responsibilities enshrined in the international drug control conventions and adopt a more unequivocal position on the issue of the legalization of drugs. Another speaker noted that in order for drug control to be effective, it was important to achieve a balance between drug demand and supply reduction measures consistent with the international drug control treaties.

31. Another speaker expressed his Government's support for the concern expressed by INCB regarding the medical use of cannabinoids, the legalization of cannabis for non-medical purposes and drug consumption rooms. A further speaker expressed his Government's support for a balanced approach under which generalizations about drug consumption rooms should be avoided and could be consistent with the international drug control treaties. Some speakers highlighted the need for the scientific testing, validation, authorization and certification of medical products containing cannabinoids before they are approved for medical use.

32. Concern was expressed about the increase in the numbers of new psychoactive substances and the increasing diversion of precursor chemicals used to produce them. Several speakers expressed satisfaction with the work of the Board in facilitating the cooperation and collaboration among Member States to address the increasing diversion of precursor chemicals.

33. Other speakers referred to the balanced approach to drug control and welcomed the focus on treatment, rehabilitation and social reintegration for drug use disorders in the thematic chapter of the INCB report for 2017. They recognized, in particular, the need for evidence-informed and rights-based and voluntary treatment services.

34. A number of speakers made comments regarding various parts of the INCB report for 2017 and expressed concern about the sources used for the information included in that report, with some speakers noting that only official data should be used in the future in order to ensure transparency and accountability. Some speakers expressed their countries' positions on various issues discussed in the report.

4. International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion

35. Appreciation was expressed for the work carried out by UNODC, INCB and WHO and the work of the Commission in ensuring the adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion, abuse and trafficking, as outlined in the outcome document of the special session of the General Assembly on the world drug problem held in 2016 and its specific operational recommendations in that area. Concern was expressed regarding the global disparity in the levels of availability and Member States were encouraged to implement relevant policies in that regard. Reference was also made to the fact that the importance of access to medicines and quality of medicines was recognized in the Sustainable Development Goals. Several speakers described the specific measures taken by their Governments to address this issue. One

speaker noted that a holistic, comprehensive, science-based strategy would help countries in ensuring that patients living with pain could receive high-quality, evidence-based pain relief while also reducing the abuse and inappropriate use of opioids and overdoses from them.

36. A number of speakers expressed the view that the international community, while focusing on the insufficient availability of controlled narcotic drugs and psychotropic substances in some countries, should also focus on preventing their diversion, abuse and trafficking. Speakers also expressed the hope that the Commission, UNODC and INCB would continue to support countries in addressing those problems in the light of national conditions in order to strike a policy balance between control and availability.

37. Some speakers made reference to the challenges posed by amphetamine-type stimulants, new psychoactive substances and precursors, and the measures taken at the national level to address them. They mentioned the utility of the Precursors Incident Communication System, the Project Ion Incident Communication System, PEN Online and the global SMART programme. Several speakers highlighted the importance of the relevant international drug control treaties, the utility of the technical expertise of UNODC, INCB and WHO in addressing this issue and the importance of international cooperation in addressing the world drug problem on the basis of common and shared responsibility.

5. Other matters arising from the international drug control treaties

38. Reference was made to the importance of the three international drug control conventions and to the need to address the continuing and evolving challenges in accordance with those conventions and in line with the principle of common and shared responsibility, while taking into account national priorities and needs.

39. One speaker noted that, in the design of drug policies, Governments should take into account the Sustainable Development Goals and consider the best way to address pressing socioeconomic issues such as unemployment and social marginalization. The speaker also noted that fostering inclusive economic growth, promoting initiatives that contributed to poverty eradication and sustainable development, improving rural development and infrastructure, as well as inclusion and social protection were crucial. In addition, reference was made to the need to consider the impact of illicit crops on the environment. The need to promote alternative development, including preventive alternative development was highlighted by that speaker.

40. One speaker referred to the challenges posed by new psychoactive substances. She mentioned the commitment of her Government to fully implement timely, science-based regulatory measures to tackle the issue. She commended the work done by UNODC, INCB and WHO in supporting the activities of the Commission.

B. Action taken by the Commission

41. At its 6th meeting, on 14 March 2018, the Commission on Narcotic Drugs decided to include carfentanil in Schedules I and IV of the 1961 Convention as amended by the 1972 Protocol. (For the text of the decision, see chap. I, sect. C, decision [...].)

42. At the same meeting, the Commission on Narcotic Drugs decided to include ocfentanil in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. C, decision [...].)

43. At the same meeting, the Commission on Narcotic Drugs decided to include furanfentanyl in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. C, decision [...].)

44. At the same meeting, the Commission on Narcotic Drugs decided to include acryloylfentanyl (acrylfentanyl) in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. C, decision […].)

45. At the same meeting, the Commission on Narcotic Drugs decided to include 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. C, decision […].)

46. At the same meeting, the Commission on Narcotic Drugs decided to include tetrahydrofuranylfentanyl (THF-F) in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. C, decision […].)

47. Also at that meeting, the Commission decided by 47 votes to none, with no abstentions, to include AB-CHMINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

48. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include 5F-MDMB-PINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

49. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include AB-PINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

50. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include UR-144 in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

51. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include 5F-PB-22 in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

52. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include 4-fluoroamphetamine (4-FA) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

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Addendum

Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

1. At its 6th and 7th meetings, on 14 March 2018, the Commission considered agenda item 6, which read as follows:

> "Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem:
>
> (a) Demand reduction and related measures;
>
> (b) Supply reduction and related measures;
>
> (c) Countering money-laundering and promoting judicial cooperation to enhance international cooperation."

2. For its consideration of item 6, the Commission had before it the following:

(a) Report of the Executive Director on the activities of the United Nations Office on Drugs and Crime (E/CN.7/2018/2-E/CN.15/2018/2);

(b) Report of the Secretariat on the world situation with regard to drug abuse (E/CN.7/2018/4);

(c) Report of the Secretariat on the world situation with regard to drug trafficking (E/CN.7/2018/5);

(d) Report of the Executive Director on action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (E/CN.7/2018/6);

(e) Note by the Secretariat on promoting coordination and alignment of decisions between the Commission on Narcotic Drugs and the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (E/CN.7/2018/7);

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(f) Report of the Executive Director on responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users (E/CN.7/2018/8);

(g) Report of the Secretariat on strengthening international cooperation in combating illicit opiates originating in Afghanistan through continuous and reinforced support to the Paris Pact initiative (E/CN.7/2018/11);

(h) Conference room paper on expert consultations on improving drug statistics and strengthening the annual report questionnaire held from 29 to 31 January 2018 (E/CN.7/2018/CRP.2).

3. Introductory statements were made by the Chief of the Research and Trend Analysis Branch, the Chief of the Drug Prevention and Health Branch, the Chief of the Organized Crime and Illicit Trafficking Branch, the Paris Pact Coordinator and a representative of the Sustainable Livelihoods Unit of UNODC.

4. A representative of the scientific community made a statement. The Commission also viewed a video message by a representative of the scientific community. A statement was made by representatives of the UNODC Youth Forum.

5. Statements were made by the representatives of the Sudan, Croatia, Japan, Colombia, China, South Africa, Canada, the Republic of Korea, Thailand, Algeria, Mexico, Switzerland, the United States of America and El Salvador.

6. Statements were also made by the observers for Zambia, Namibia, Malaysia, Turkey, Nigeria, Morocco, Serbia, Indonesia and Egypt.

7. The observer for the State of Palestine made a statement.

8. The observers for the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Development Programme made statements.

9. A statement was made by the observer for the International Federation of Red Cross and Red Crescent Societies.

10. Statements were made by the observers for Asociación Proyecto Hombre, the International Harm Reduction Association, the International Drug Policy Consortium and the Community Alliances for Drug Free Youth.

A. Deliberations

11. Several speakers reaffirmed their countries' commitment to the three international drug control conventions and to the Political Declaration and Plan of Action, the 2014 Joint Ministerial Statement and the outcome document of the special session of the General Assembly on the world drug problem held in 2016. Several speakers noted that those three documents were complementary and mutually reinforcing and that future action should be in furtherance of the goals and objectives of the three international drug control conventions.

12. Several speakers highlighted the importance of the outcome document of the special session and expressed their commitment to continuing to address the world drug problem in a balanced, integrated and comprehensive manner, including by strengthening cooperation on the basis of common and shared responsibility. The importance of an approach that balanced demand and supply reduction efforts was highlighted, as was the need to take into account the new realities faced by the international community.

13. It was noted that the outcome document of the special session provided a basis for enhancing the capacities of regional and subregional organizations to assist Member States in fulfilling the targets and goals set out in the Political Declaration and Plan of Action. A number of speakers referred to the achievements made by their Governments in achieving those targets and goals and, in that regard, reference was made by some speakers to the need to extend the target date beyond 2019. A number

of speakers referred to the relevance of the 2030 Agenda for Sustainable Development in addressing the world drug problem.

14. A number of speakers welcomed the report of the Executive Director on the action taken by Member States to implement the Political Declaration and Plan of Action. Reference was made by several speakers to the remaining challenges and obstacles with regard to implementing the goals and objectives and, in that regard, it was noted by one speaker that the data should be complemented by an impact analysis.

15. One speaker noted that an assessment of the achievements made by 2019 would show that the international community had not been able to curtail drug production and consumption and that unrealistic targets should be avoided. The speaker noted that, accordingly, no countries should be assessed on the basis of levels of illicit cultivation and acreage, as that would be inaccurate.

16. Several speakers highlighted the need for continued efforts to enhance collaboration and coordination between relevant United Nations agencies, within their respective mandates, in their efforts to address and counter the world drug problem.

17. The international community was called upon to cooperate and counter the increase in drug trafficking, and UNODC was called upon to assist States in that regard by providing technical assistance and capacity-building support.

18. A number of speakers referred to the goal of their Governments of achieving a society free from drug abuse and referred to their zero-tolerance approach to drug trafficking and manufacturing. One speaker noted that the same strategies were not applicable to all countries and that the actual drug situation, as well as social and cultural factors, should be taken into account in that regard.

19. Support was expressed by a number of speakers for the efforts of the international community, as well as those of the Commission, in working towards improving public health services while maintaining the highest human rights standards.

1. Demand reduction and related measures

20. Many speakers emphasized the need for comprehensive, balanced and integrated approaches to demand reduction, and reported on efforts to enhance cooperation among health, education, law enforcement and other stakeholders in implementing health- and human rights-centred interventions. Reference was made to the provisions relating to drug demand reduction contained in the outcome document of the special session, as well as to the 2030 Agenda for Sustainable Development.

21. The need for community-level interventions to respond effectively to the opioid epidemic and the need to provide treatment as an alternative to incarceration were raised. Reference was made to prevention activities based on education, family and community; such activities included the use of online media platforms and awareness-raising campaigns. The importance of pharmacological and psychosocial treatment and the provision of gender-sensitive services was underlined. Ongoing efforts to train relevant service providers and measures taken to strengthen data on drug use and health consequences were also emphasized.

22. Several speakers welcomed initiatives to improve the quality of drug use prevention and treatment, including with reference to relevant standards published by UNODC and the World Health Organization. One speaker expressed his Government's concern that the *International Standards for the Treatment of Drug Use Disorders* did not include references to heroin-assisted treatment programmes.

23. Some speakers referred to the implementation of harm reduction interventions as part of comprehensive, evidence-based public health measures to effectively reduce the transmission of HIV and hepatitis among people who use drugs. Other speakers noted that harm reduction interventions should not be recommended to all countries.

24. One speaker stressed that unilateral approaches to demand reduction, such as the legalization of cannabis, should be avoided in view of the impact that such measures had on neighbouring countries and regions.

25. The importance of gender mainstreaming was also stressed, including in prisons, as was close coordination and collaboration among the criminal justice, health, social and other sectors and with civil society for the delivery of HIV prevention, treatment and care among people who use drugs.

26. Some speakers referred to the need to address the issue of the stigmatization of drug users and emphasized the importance of ensuring that interventions were tailored to women, while also taking into account cultural factors.

27. The need to promote international cooperation and technical assistance, including by UNODC and other relevant stakeholders, with a view to building the capacity of experts in countries in different areas of demand reduction was emphasized by many speakers.

2. Supply reduction and related measures

28. Several speakers called for improved cooperation between national authorities and regional and international organizations. Closer cooperation between prosecutorial and law enforcement authorities and financial intelligence units was encouraged by several speakers. Many speakers underlined the need for real-time exchange of information and criminal intelligence and stressed the importance of multilateral joint operations to effectively counter drug trafficking and related matters. The need for effective measures to counteract the illicit cultivation, manufacture and distribution of drugs was highlighted by several speakers.

29. A number of speakers referred to the continued manufacture and proliferation of new psychoactive substances, as well as the serious threat posed by amphetamine-type stimulants in their countries and regions. Some speakers noted that the urgency of supply reduction efforts had been underlined by the high number of opioid-related overdoses and deaths. A number of speakers referred to the challenges posed by the increasing abuse of and trafficking in tramadol, which, in their view, should be placed under international control.

30. Reference was made to new patterns of drug manufacturing and trafficking and the need for national authorities to adopt innovative approaches in that regard. Reference was also made by some speakers to efforts to disrupt maritime drug trafficking. A number of speakers referred to the increasing use of postal and courier services by drug traffickers.

31. Reference was made by several speakers to the utility of the PEN Online system. Relevant national authorities were called upon to put in place measures to actively monitor and control the import, export and distribution of drug precursor chemicals in their countries and to work with private sector companies in that regard. Reference was also made to the utility of the early warning advisory system and Project ION.

32. Several speakers provided information on efforts taken at the national level to counter drug trafficking, including dismantling criminal networks, carrying out seizures and confiscations and participating in joint investigations. Some speakers referred to the challenges posed by cannabis cultivation and trafficking in their countries.

33. It was noted that the United Nations Guiding Principles on Alternative Development, together with commitments by Governments and other stakeholders, would result in more effective and sustainable alternative development programmes. A number of speakers referred to their efforts to strengthen their alternative development programmes, including preventive alternative development programmes, and to share lessons learned, best practices and expertise.

34. Speakers reaffirmed the need for integrated medium- and long-term strategies in the area of alternative development, calling for support from the

international community and the opening of international markets to alternative development products.

3. Countering money-laundering and promoting judicial cooperation to enhance international cooperation

35. Several speakers referred to the link between drug trafficking and transnational organized crime and drew attention to the fact that it posed serious challenges in their countries. Several speakers stressed that increased and effective international cooperation, as well as enhanced cooperation and networks at the regional level, were needed in order to effectively address the world drug problem and address factors that undermined security, health and the socioeconomic well-being of people. The need to establish viable cooperation networks and the important role of UNODC and the Commission in that regard was stressed. A number of speakers referred to the bilateral cooperation agreements that their countries had concluded.

36. Some speakers stressed that asset recovery remained a major challenge and highlighted the important role that asset recovery inter-agency networks, such as the Asset Recovery Inter-Agency Network for Southern Africa and the Asset Recovery Interagency Network for Asia and the Pacific, played in capacity-building and asset management policies. Several speakers mentioned the importance of inter-agency collaboration to effectively combat drug trafficking, including money-laundering, and referred to the use of money-laundering by criminals engaged in drug trafficking, firearms trafficking, financial crime, terrorism and other forms of crime. In that regard, collaboration among the financial intelligence units of countries was stressed. The activities of the Financial Action Task Force were mentioned by some speakers.

37. Several speakers referred to the importance of judicial cooperation at the regional and subregional levels, including best practices and information-sharing. The need to further promote cooperation among UNODC and other relevant United Nations entities, international and regional organizations was highlighted by several speakers. Reference was made to the active engagement by Member States in various regional mechanisms.

38. A number of speakers cautioned that new technologies, such as cryptocurrencies, posed significant risks to their financial systems and said that collective efforts were required to combat them.

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Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

Russian Federation: draft resolution

Protecting children from the illicit drug threat

The Commission on Narcotic Drugs,

Reaffirming its commitment to the goals and objectives of the three international drug control conventions, including concern about the health and welfare of humankind, as well as the individual and public health-related, social and safety problems resulting from the abuse of narcotic drugs and psychotropic substances, in particular among children, and drug-related crime,

Reaffirming also the Convention on the Rights of the Child,[1] which stipulates in its article 33 that States parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances,

Recalling the outcome document of the thirtieth special session of the General Assembly, entitled "Our joint commitment to effectively addressing and countering the world drug problem",[2] in which Member States reaffirmed their determination to tackle the world drug problem and to actively promote a society free of drug abuse in order to help ensure that all people can live in health, dignity and peace, with security and prosperity, as well as their determination to address public health, safety and social problems resulting from drug abuse,

Recalling also the 2030 Agenda for Sustainable Development,[3] in which Member States committed themselves to striving to provide children with a nurturing environment for the full realization of their rights and capabilities, including through safe schools and cohesive communities and families, and to putting an end to abuse, exploitation, trafficking and all forms of violence against and torture of children,

* E/CN.7/2018/1.

[1] United Nations, *Treaty Series*, vol. 1577, No. 27531.

[2] General Assembly resolution S-30/1, annex.

[3] General Assembly resolution 70/1.

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Bearing in mind that children are our most valuable asset and should be protected,

Reaffirming that, in accordance with the Convention on the Rights of the Child, the best interest of the child shall be a primary consideration when taking decisions to protect children from the illicit use of narcotic drugs and psychotropic substances and to prevent the use of children in the illicit production of and trafficking in such substances,

Recalling its resolution 59/6 of 22 March 2016, in which it recognized that children are particularly vulnerable to individual or environmental risks related to drug abuse,

Recalling also its resolution 60/7 of 17 March 2017, in which, inter alia, it highlighted the necessity of community, family and school drug prevention programmes and strategies addressing the needs of children,

Noting with deep concern the increasingly young age of children with substance use disorders in some countries,

Expressing grave concern at the increasing number of incidents of accidental cannabis ingestion or intoxication among children caused by the proliferation of concentrated cannabis extract and cannabis-infused edibles in licit markets, as stated in the *World Drug Report 2016*,[4]

Gravely concerned that an increasing number of narcotic drugs and psychotropic substances are distributed via the Internet, which makes them easily accessible to children,

Noting that while information and communications technology can play a positive role in children's education, development and awareness-raising, it can also be misused to disseminate harmful information on drugs among children and facilitate their access to narcotic drugs and psychotropic substances, which threatens their life and physical and mental health,

Seriously alarmed about the fact that children continue to be actively involved, used and exploited in the illicit cultivation of crops, the production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other drug-related crimes in various regions of the world and that such illicit activities are likely to be hazardous, to interfere with their education or to be harmful to their health and physical, mental, spiritual, moral and social development,

1. *Recognizes* that an environment free of drug abuse and trafficking is conducive to the development and well-being of children and is therefore in the best interest of the child;

2. *Calls upon* Member States to make the best use of existing international legal instruments to protect children from drug abuse and trafficking and to take all measures to ensure that national and international drug control strategies are developed and implemented in the best interest of the child;

3. *Invites* the International Narcotics Control Board to further explore how the current international legal drug control framework could be used more efficiently to serve the best interest of the child, protect children from the abuse of narcotic drugs and psychotropic substances, and prevent the involvement, use and exploitation of children in the illicit cultivation of crops, production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other forms of drug-related crime;

4. *Calls upon* Member States to take effective and practical primary prevention measures that protect children from drug use initiation by providing them with accurate information about the risks of drug abuse, by promoting skills and opportunities to choose healthy lifestyles and develop supporting parenting and

[4] United Nations publication, Sales No. E.16.XI.7.

healthy social environments, and by ensuring equal access to education and vocational training;

5. *Requests* the United Nations Office on Drugs and Crime to continue to collect and analyse data and to support further research into the scope of drug abuse among children and the involvement, use and exploitation of children in the illicit cultivation of crops, production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other forms of drug-related crime;

6. *Also requests* the United Nations Office on Drugs and Crime to assist Member States, upon their request, in developing effective national, regional and international strategies to protect children from the abuse of narcotic drugs and psychotropic substances and to prevent the involvement, use and exploitation of children in the illicit cultivation of crops, production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other forms of drug-related crime, in order to ensure that the rights of the child are promoted and protected;

7. *Invites* Member States to share best practices in the development, implementation, monitoring and evaluation of strategies to protect children from the abuse of narcotic drugs and psychotropic substances and to prevent the involvement, use and exploitation of children in the illicit cultivation of crops, production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other forms of drug-related crime, and invites the United Nations Office on Drugs and Crime to assist Member States in this regard;

8. *Urges* Member States to take vigorous measures against the proliferation of concentrated cannabis extract and cannabis-infused edibles among children;

9. *Recommends* that Member States expand the range of measures against marketing technologies used to encourage and promote drug abuse, such as the use of the Internet and social media, in order to keep narcotic drugs and psychotropic substances away from children;

10. *Calls upon* Member States to support measures on the use of the Internet for prevention purposes, including appropriate counselling and the provision of information, to develop, implement and promote, in accordance with national legislation, prevention strategies, programmes and measures, including via social media and other social networks, aimed at, inter alia, protecting children from abuse of controlled substances and new psychoactive substances and from involvement in their illicit sale and purchase via the Internet, and to enhance cooperation at all levels in that regard;

11. *Urges* Member States to take more decisive action to bring to justice those responsible for the involvement, use and exploitation of children in the illicit cultivation of crops, production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other forms of drug-related crime, and to impose penalties, in accordance with national legislation, that are proportional to the gravity of the offence and effectively dissuasive;

12. *Requests* the Executive Director of the United Nations Office on Drugs and Crime to report to the Commission within the existing reporting obligations on the implementation of the present resolution at its sixty-second session;

13. *Invites* Member States and other donors to provide extrabudgetary resources for the purposes described above in accordance with the rules and procedures of the United Nations.